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Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEUTICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.
By SAMUEL R. PERCY, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE X.

ON THE USE OF VERATRUM VIRIDE AS A MEANS OF ARRIVING AT A CORRECT DIAGNOSIS IN DISEASES OF THE HEART AND LUNGS.

GENTLEMEN:—I purpose to-day to relate to you the symptoms I found present in a case of disease of the heart. I will then give you the treatment I adopted for their amelioration, and, as far as time will permit, explain to you the action of the remedy used, and how by this action a clear and correct diagnosis could be determined, when previous to this administration of the remedy it was almost impossible to arrive at an accurate diagnosis.

James Cunningham, æt. 40, a day-laborer. About four years ago he had acute rheumatism: since then he has complained of impeded and difficult respiration, accompanied with more or less palpitation. These symptoms have increased in severity, until at present he is hardly able to move. The first inspection of this man's face gives one a thrill of pain, for intense suffering is so plainly imprinted upon it: the eyes have a wild and anxious look, the mouth is partly opened, the nostrils are dilated; and these and other marked alterations from the aspect of the features while at rest, are all produced by one necessity, that of better respiration. In a word, we have dyspnœa. If we stop to count the breathing, we find he has from forty-seven to fifty respirations in a minute, and we see that this dyspnœa differs greatly in character from the dyspnœa of asthma or pneumonia; it is rather of a gasping, strangling character. The throat and chest are bare, the arms are rested and poised so as to give the muscles of the chest every opportunity to perform their functions. As you watch him you see that he makes no effort at motion, or rather that he tries to avoid making the slightest effort, for fear that it will increase his dyspnœa; that he even avoids speaking, and looks to others to answer questions for him. Sick as this man looks and feels, he is not in bed, but is seated in a large arm-chair, with his feet upon a pillow, and we learn upon inquiry that he has not lain down, or hardly been out of that chair for a week, and that during that time he has scarcely slept for a minute; that although intensely sleepy, the minute his eyes close in sleep he awakes with a sudden start, and a gasp as if suffocation were imminent. As we sit quietly watching him for a few moments, we see a drowsiness gradually creeping over him, we see his eyelids close, and for a moment or two we can fancy his breathing easier, and he looks as though he might sleep, but in an instant he starts and gasps for breath, and again that look of the horror of suffocation overspreads his face.

We see, then, that in addition to dyspnœa, or difficulty of breathing, he has *orthopnœa*, an inability to assume a recumbent posture during sleep without producing a struggle for breath.

Let us now attend to the state of the pulse. The moment the finger is applied to his radial artery we find the pulse is a most peculiar one. Instead of the steady beat we find in health, we here have what is usually called a jerking or leaping pulse. It feels as though the impetus given had not been completed, and as two or three fingers are spread over any of the larger arteries, there is a serpentine, wriggling sensation conveyed to them, and this sensation, which may be felt, may be plainly seen, if any of the arteries, either large or small, be closely watched, and it will then be noticed that the arteries have assumed a very tortuous appearance. The bowels are costive, the urine is secreted in small quantities, and it is of a dark red color, containing large quantities of purpurate of ammonia. There is a dry, teasing, irritative cough. The feet and legs are much swollen, and we learn that the swelling has much increased within the last few days, and that it has progressed upwards. What do all these symptoms tell us? To a junior student they explain little of the cause of the disease, but to one of experience every symptom is full of information! The peculiar, serpentine, wriggling pulse, that I have described, is always indicative of one peculiar disease of the heart, and wherever you find this pulse you may safely pronounce that there is regurgitation—aortic regurgitation. How shall we prove this to be the fact in this individual case? You will say that auscultation and percussion will plainly settle this point! As with difficulty we get the man into such a position as to listen to the heart, we are struck with the tumultuous amalgamation of sounds and murmurs, and with the closest intensity and nicest perception we are utterly unable to state positively what we do hear. With a rapid respiration of fifty in the minute, and a pulsation too fast to count, how is it possible to arrive at anything like a correct diagnosis? We plainly hear an unnatural murmur, but it is utterly impossible to define its character, or tell with which sound of the heart it occurs.

It is precisely in this state of disease that the medicine that I have mentioned, veratrum viride, is of such inestimable value to us, not only in ameliorating the symptoms, but in enabling us to arrive at a correct diagnosis. As this man is in a critical condition, and as the medicine we propose giving him is a powerful sedative, it will be necessary to give it with caution, and watch the state of the pulse from hour to hour. I will commence with a dose of three minims of the concentrated tincture, the formula for which I will give you hereafter. Upon returning in an hour, although the pulse cannot be counted, it is evidently more regular than before, the respirations are now forty-two in the minute, and the patient thinks he feels a little easier. We now give him two minims every hour for three successive hours, when we see him again. The pulse can now be counted 132 beats in the minute, but it requires great attention, or you readily lose the count; the respiration is certainly much easier, and is thirty-seven in the minute. The man says he is already easier than he has been for a week, but he dares not trust himself to sleep for fear of the orthopnœal paroxysm. Leaving him now in the care of an intelligent friend, we shall not see him again till morning. As we see him at ten A.M., eighteen hours since the administration of the first dose of veratrum viride, we find a very marked change. We learn that he took two minims every hour until midnight; he then felt a little nausea; and he has taken two minims every two hours since midnight. The pulse has gradually decreased in frequency, being now about ninety in the minute, and the respirations thirty-one. Since midnight he has slept at intervals of fifteen to twenty minutes at a time, and wakes up with a struggle. He has also stood on his feet several times to have his cushion shaken up; the urine has been passed in much larger quantity. I now direct that four minims of the tincture, combined with one-eighth of a grain of sulphate of morphia, be given him at ten, eleven, and twelve o'clock, and I will see him again before one o'clock. You will find, as you use veratrum viride more frequently, that you will occasionally need to give it in full doses without inducing nausea, and with this object in view you will combine it with morphia. The morphia again has another adjuvant action: it lessens the number of respirations when given in combination with veratrum more readily than either remedy will do alone. And now, at one o'clock, in what state do we find our patient? He still sits erect in the chair, but his head has fallen back, and he is sound asleep;

the respirations are only twenty-two in the minute, and the irregular pulse, taking an average of three minutes, beats only fifty-five in the minute. Let us now gently awaken him, and examine the state of his heart and lungs by auscultation. We now find a very marked difference from the tumultuous sounds heard at our last examination, for as then all was indistinct and confused, now every sound and murmur can be distinctly appreciated with the greatest ease. There is no difficulty for the youngest student to now readily study and comprehend every normal and abnormal sound. We find upon percussion that there is marked hypertrophy of the heart, and that this hypertrophy is general, and has caused a downward subsidence of the organ, and, as is common with dyspnœa from other causes, there is a descent and flattening of the diaphragm. We find upon further examination that the severe dyspnœa has caused lung inflation or distension, and that the border of the lung overlaps the heart, which is another cause of downward subsidence. We now plainly hear a distinct murmur and regurgitation following the incomplete closure of the aortic valves, and as the movements of the heart, and the respirations also, are now slow, this imperfect closure of the valves, with the sudden and jerky flow of blood into a partially collapsed aorta, and subsequent regurgitation of blood into the ventricle, with the damming back of the whole current of the circulation, are plainly audible. A murmur is distinctly heard in the carotids, and the serpentine, wriggling movement, of which I have before spoken, can be most easily seen and felt in the arteries that approach the surface. I must not be too minute in my description of pathological conditions, but confine myself to my proper sphere—the action of medicines. But I must give a brief description of the result of the treatment in this case. You will remember that previous to the administration of the veratrum we could hear but little by listening to the lungs. Now we plainly distinguish that the dyspnœa which exists is not dependent upon want of air supplied to the lungs, but on want of proper circulation within the pulmonary vessels. We spoke of an irritating dry cough. The cough still continues, but not so incessantly as when we first noticed it; and it is not now dry, but there is quite free expectoration of viscid mucus; there is no pus with it, and the complete absence of pus alone is a strong symptom to assure us that no inflammatory action of the lungs was the cause of the dyspnœa, but mere passive congestion caused by sluggishness of the circulating fluid. The kidneys now have secreted very large quantities of fluid, and it is of a brighter yellow color. This is not because we have given diuretics, but owing to the relief we have given to the circulation, for previously the slow and imperfect passage of blood through the kidneys prevented the draining off of the proper quantity of water, partly because of the non-renewal of fresh blood to the kidneys in sufficient quantity to part with its water, and partly because the heart and lungs had not sufficiently metamorphosed or vitalized the blood to present it to the kidneys in quality to be eliminated.

We find our patient much relieved in all his symptoms. The dyspnœa is much relieved; the orthopnœa for the present has left him; the cough is less frequent, and if you watch him, you see that it now scarcely troubles him if he does cough; the urine is free in quantity; he can move, and complains of feeling hungry; and all this relief has been brought about in twenty-one hours by the administration of thirty-seven minims of my concentrated tincture of veratrum viride! Now, how has this small quantity of medicine produced this amelioration? We have frequently before explained to you that veratrum viride is the best arterial sedative that we possess; that when judiciously administered it regulates the action of the heart, and brings it to its normal standard. It lessens the irritability of the whole vascular system, and causes the blood to flow more readily and quietly. It does this not only by its action upon the heart, but, as we have demonstrated, by its action on the blood-vessels and upon the blood itself. Its sedative action upon the blood-vessels I have demonstrated in many instances, and I have witnessed a marked change in the character of the blood during the action of this remedy. These peculiar changes in the action of the heart and blood-vessels, and the alteration in the character of the blood, by veratrum viride, I must leave till another lecture. The action we notice in the case I have related is, a gradual subsidence in the rapidity of the circulation, and, consequently, a great relief from the oppressive dyspnœa. As the circulation becomes more quiet, we plainly notice a more thorough contraction of the aortic valves, and, although we have not in any way cured the organic lesion, we have to a very marked extent relieved the functional disturbance. And not only have we relieved our patient from intense suffering, but (whereas when we first saw him it was utterly impossible by auscultation or percussion to form any diagnosis as to the extent or character of his disease) we can now, while he is under the influence of our remedy, form a clear, accurate, and correct diagnosis, without difficulty and without danger.

I have, since 1856, been in the habit of preparing every patient, whose heart or lungs I have wished to examine, with small and proper doses of veratrum viride, and by this means I have been enabled to arrive at a clear and certain diagnosis of cases of incipient phthisis, pleuritis, pneumonia, diseases of the heart, etc., that I could not clearly diagnose without the previous preparation of the patient with this remedy, owing to functional disturbances or other exciting causes. There are many persons who are examined for these diseases where it is almost impossible to arrive at any correct diagnosis in the early stages of disease, at which time *only* treatment can be expected to be of much avail, owing to even slight functional disturbances, which completely mask or render obscure the signs that without the disturbing causes would be readily recognised. Now veratrum viride quiets these functional disturbances, lessens the rapidity of the circulation, tranquillizes the respiration, and thus so moderates these functions that the mind can readily define and arrange the sounds that are communicated to the ear. I give you this new means of diagnosis as the results of my own investigations. I am not aware that it has ever been practised, except by those to whom I have communicated it. I need not impress upon you its vast importance, for by means of this practice you may always know what you are treating, and you will find that that is no slight gain in your ability to inform your patient of what he may expect from your treatment. This new means of diagnosis will be of inestimable value to the Life Insurance Companies in all cases of doubtful diseases of the chest.

But let me in a few words finish what I have to say on the treatment of the patient before us, and I must leave further discussion of the interesting subject matter before us to another lecture.

As soon as our patient had entirely overcome all feelings of nausea, half a grain of elaterium was administered to him. It produced a large watery evacuation, and greatly relieved the œdematous condition of the legs. By small doses of veratrum viride, cautiously administered whenever dyspnœa became troublesome, by the administration of half a grain of elaterium every third day, and by the use of the vegetable tonics, and a nutritious, but carefully watched diet, our patient is out and about his ordinary occupation, but he has to be very careful, or the orthopnœal struggles prevent him from sleeping at night. He will probably die suddenly. I have merely related this case as a means of interesting you in the new method of diagnosis I have proposed to you. It was more easy for me to bring it before you in this way.

Of the concentrated tincture of which I have spoken, I have found that which is usually sold in the drug stores under the name of Norwood's Tincture, of very uncertain strength, scarcely ever being alike in two different stores, and I think a great deal of the want of uniformity complained of with this remedy, is owing to the imperfect manner in which the tincture I have spoken of is made. From

the many experiments I have performed I have found that the medicinal principle of the root is contained in the resin. To obviate all difficulties of the uncertainty of strength, I have prepared the tincture I have been in the habit of using, after the following formula, and have always found it uniform in strength.

CONCENTRATED TINCTURE OF VERATRUM VIRIDE.

Any quantity of well selected root is coarsely powdered, and treated with alcohol 86°, by percolation, the alcohol is distilled off, and the residuum evaporated to an extract over a water-bath until it is nearly dry, or until it ceases to become lighter upon being weighed at intervals of an hour or two. To make the tincture, one part of this extract is dissolved in ten parts of alcohol at 86°, and filtered.

Any good pharmaceutist can prepare this tincture, but if any of you wish to use it immediately, either the tincture or the extract can be obtained from Mr. Faber, Sixth Avenue, corner of Thirty-eighth street.

This tincture is nearly double the strength of that called Norwood's, and the medium dose is about two minims. I also use the pure resinoid, and a tincture prepared from it, of which I will speak at another time.

Original Communications.

MECHANISM AND TREATMENT OF LABORS

WITH BROW AND FOREHEAD PRESENTATIONS.

By JOSEPH MARTIN, M.D.,

OF NEW YORK.

The manner in which a brow presentation is produced was not understood before the time of Baudelocque. He first advanced the opinion that a presentation of the face is always preceded by that of the brow. And since then systematic writers on midwifery have considered the premature separation of the chin from the breast, at the beginning of labor, as the origin of these malpositions of the fœtal head.

Murphy tells us that the difficulty in a brow presentation is slight, and can be easily removed; but that, "when the forehead descends into the cavity of the pelvis, and becomes the presenting part, the position is so unfavorable that the head will be arrested, and by a continuance of pain it will be completely wedged." He does not, however, explain satisfactorily how the head becomes arrested and wedged. Tyler Smith states that, "in semi-extension of the chin the brow presentation exists;" and that "it is among the most difficult of cranial presentations." He also states that, "when the chin is separated as far as possible from the chest, there will be a face presentation;" but admits that "the manner in which such positions of the head are brought about is somewhat obscure." Professor Simpson says, "When the head is not sufficiently flexed, the momentum of the action of the uterus is received upon the middle or fore part of the forehead, and not upon the occiput. The mechanism of the labor thus comes to be perverted, and delay and danger may follow."

I will confine myself, at present, to these authors. But it can be easily shown, by reference to other writers on midwifery, that no definite opinion is entertained by the profession as to the exact nature of these malpositions; nor as to the cause of the difficulty when the fœtal head becomes wedged, or impacted, as it is called. Consequently, the modes of practice generally recommended, in such labors, are vague and unsatisfactory.

Baudelocque recommends—"pushing up the forehead, during pains, or drawing down the occiput by the hand or one blade of the forceps, or turning when the whole head can be pushed back, and, when that cannot be done, the use of the forceps or crotchet."

Dr. Dewees adopted the same methods of treatment; but preferred pressure upon the head in the absence of pain. F. H. Ramsbotham's mode of treating such labors is—"A steady pressure upon the brow until the power of the uterine forces brings down the back of the head; or rotation of the head by means of several fingers." Professor Simpson says, "There are but three alternatives in such a case, that is, rectification by raising the forehead; or the application of the vectis over the occiput, to bring it down; or rotation by the forceps; or forcible extraction by the same instrument."

These various methods of practice, all of which are recommended by writers generally, except the depression of the occiput, adopted by Simpson and a few other modern accoucheurs, show that there is no uniform treatment of such labors, based upon a knowledge of their true mechanism, recognised by the profession. Hence the following question, put by the elder Ramsbotham, in relation to a labor of this description, is of vital significance. He asks, "Suppose, on watching the case, we find no advantage gained, no alteration in the position of the head, no advance from hour to hour, what then is to be done?"

As to pressure with the fingers upon the forehead, or other parts of the fœtal head, for the purpose of changing the presentation, it is evident that the fingers cannot carry the chin far enough back towards the breast, except in a very few cases, to enable the uterine power to force the short arm of the cranial lever below the brim of the pelvis. Next, in relation to version when the head is wedged in the pelvis, even if it can be pushed back, the well known danger of the operation to mother and child, under the most favorable circumstances, ought to preclude its adoption. *The use of the forceps in such a labor is totally inadmissible.* For at this point of the process, as will be presently shown, the long diameter of the head is applied to the superior strait of the pelvis, and traction with instruments will only increase the difficulty. As to craniotomy, it is only a last resort, after unfailing efforts to deliver, together with useless delay, have caused the death of the child.

Now, the only rational method by which we can decide upon the proper treatment in this and other difficulties in cranial labors, is to ascertain, by careful observation at the bedside, the exact nature of the various positions of the fœtal head, and the manner in which it is acted upon by the uterine power, from the beginning to the termination of the process. For the mechanism of a labor truly indicates the practice necessary for a favorable result. What, then, are the facts observed in this description of labor? There is always an abnormal separation of the chin from the breast of the child; the occiput is, therefore, more or less flexed upon the nape of the neck instead of being fully extended as in natural labor, and the power of the uterus, acting in the direction of its longitudinal axis, is transmitted through the cervical vertebræ and cranium to the brow, and it becomes the presenting part at the superior strait. The labor pains now force the brow into the pelvis, because the chin is not sufficiently extended to constitute a face presentation; and every additional pain drives the head, still in that position, down into the pelvic cavity, until it is obstructed.

Up to this point all authorities agree as to the mechanism of labors with forehead presentations. But in relation to the cause of the arrest, and the subsequent impaction of wedging, I have searched in vain *for any satisfactory explanation.* We must, therefore, observe the operations of nature in order to solve the difficulty As the semi-extended chin, which is the terminus of the long arm of the cranial lever, cannot pass into the pelvis, it is the part of the head first arrested by the brim, and lodged above it, where it is pressed downwards, and fixed by the circular muscular fibres of the uterus at that point. It then becomes the fulcrum of the lever, upon which the head turns as the uterine power impels the short or occipital arm towards the pelvic cavity, into which the forehead, the bregma, and

the posterior fontanelle, in succession, are forced, until the process is checked by the occiput, that now also rests upon the brim; beyond which it cannot be driven by any number of labor-pains, nor by any amount of artificial force, because the long diameter of the head, the mento-occipital, is applied to the superior pelvic opening. Such are the results of my observations.

The forehead is now the presenting part. The anterior fontanelle is felt low down, and the posterior opening can be reached by following the sagittal suture upwards; on the other side of the pelvis, the brow, the mouth, and every other part of the face, except the chin, can be traced. Still there is ample space for two fingers, when carried nearly to the brim, to sweep around the head. And it may be remarked, that this peculiarity constitutes the difference between a wedged and an impacted head, and *is the diagnostic sign of labors with forehead presentations.* For in face presentations, as in vertex cases, the head, almost uniformly, passes through the superior strait before it is arrested, when, in consequence of its large size, uterine inertia, or resistance of the soft parts, it becomes stationary, filling the cavity of the pelvis, and leaving no space for a single finger.

This occasion may also be taken to state that the word presentation is not confined in this paper to its technical meaning, that is, to designate the part of the fœtal head that presents itself at the superior strait, but indicates the point first touched by the examining finger, at any period of the process. For, as is shown above, in forehead presentations, almost the entire face can be felt by means of two fingers. This is an important fact, because there is good reason to believe that it has led to much confusion in descriptions given of such labors, and not a little discrepancy of opinion as to their proper treatment. And it can be shown, by reference to recorded cases, that on more than one occasion the use of the forceps, and even craniotomy, has been resorted to, when a knowledge of the true mechanism of such labors would have pointed unerringly to a more simple and safer operation.

If the above be a correct description of the mechanism of labors with forehead presentations, the proper treatment is obvious; that is, the conversion of the malposition into either a vertex or a face presentation, which, according to my experience, can be readily accomplished. The former, by introducing the hand, or by means of the vectis, or one blade of the forceps, and bringing down the occiput, when there will be a vertex presentation; the latter, when circumstances are favorable, by dislodging the chin from above the brim of the pelvis, in the absence of pain, by means of the fingers, when the face will present, and the labor will progress with the usual results. And one or the other of these simple operations can be resorted to with promptness, and with safety to mother and child, according to the circumstances attending the labor, either when the brow simply presents, or after the head has become wedged, whatever may have been the delay, and whether the child be living or not. Every other mode of treatment is either unavailing, or dangerous to mothers, and, in most cases, fatal to infants.

I have shown in my paper on "Face Presentations," that even after the fully extended chin has entered the pelvis, the occiput can be brought down, and the labor converted into a vertex presentation; and there can, therefore, be no difficulty in performing the operation when the chin is above the brim. And the following case, while it illustrates the manner in which brow and forehead presentations are produced, will show, that after the head becomes wedged in the pelvis, the face can easily be made to present, when the labor will terminate favorably.

On the 26th of July, 1862, I was requested by Dr. William J. Newman, of this city, to see a patient of his, Mrs. H., aged thirty-two years, in labor with her sixth child. All her previous labors had been unusually rapid, terminating generally in less than an hour. When I arrived she had experienced very severe labor pains for upwards of three hours, and the head of the child had been arrested for more than one hour. The Doctor considered the labor facial. On examination per vaginam, I found that the forehead presented, and was far down in the pelvic cavity. The chin was in relation with the left acetabulum, and the occiput was at the right sacro-iliac synchondrosis; the left mento-iliac position. The pelvis was ample, the os uteri fully dilated, and all the soft parts completely relaxed. The anterior fontanelle was low down, and the posterior could be reached by following the sagittal suture upwards; the mouth, and every other part of the face, except the end of the chin, could be traced by the middle finger, and there was sufficient space to move the two fingers around that part of the head which was below the brim.

Here was a plain case of forehead presentation, with a wedged head, and the occiput and chin resting above the brim at the termini of the right oblique diameter of the pelvis. The recognition of this position of the fœtal head enabled me to decide at once, that there was a choice of one of two operations, by either of which the labor could be readily and favorably terminated. I could introduce the hand, pass it up at the right sacro-iliac synchondrosis, curve the fingers over the occiput, bring it down, and turn it forward to the foramen ovale, when the child would be born with the vertex presenting; or, I could dislodge the chin from above the brim, when the labor would be changed to a face presentation. As the pelvis was large, the head of the child comparatively small, the os open, and the other soft parts relaxed, the labor pains being severe and in quick succession, I concluded to adopt the latter, as the more simple and ready mode of treatment. Two fingers of the right hand were then passed over the right side of the head, during a pain, to the angle of the lower maxillary; and at the close of the pain, when the head slightly receded, the point of the middle finger was slipped, with some pressure downwards, along the edge of the bone towards the left acetabulum, when, upon the recurrence of a pain, the chin glided below the brim; and in less than twenty minutes from the time I entered the room the child was born with the face presenting.

The only peculiarity about the face was a distortion of the right corner of the mouth, which was pressed downwards and backwards; and, in connexion with it, there was a well marked depression in the edge of the bone at the right angle of the chin. This was the part of the fœtal head which was first arrested by the brim, and pressed down upon it by the labor-pains, after the lodgment of the occiput on the other side of the pelvis. And it shows that, in consequence of the usual obliquity of the head when it is about to enter the superior strait, the side of the chin, and not its anterior part, rested above the brim. Hence the great amount of force it can resist from labor-pains, or traction with the forceps. The mother of the child informs me, that "the deformity of the mouth continued for several days, and the black color lasted much longer."

The only case that I have seen published in which the fœtal head was injured by wedging, consequent upon a forehead presentation, as there is reason to believe, is related by Cazeaux, in a note, page 442, Paris edit., 1856. He calls it a face presentation (mento-iliacque gauche transversalis), in which the membranes had been ruptured nine hours before he was summoned, during which time the forceps had been applied. Three-quarters of an hour after his arrival the labor terminated spontaneously. The child was soon reanimated. "But," he adds, "on examination of its head I detected, in the vicinity of the posterior fontanelle, small splinters of bone which crepitated under the finger; and on its dorsal side, there was an evident trace of a depression, distinctly marked."

Cazeaux believes that this injury was done after the chin was engaged under the pubes, in consequence of "forcible pressure upon the posterior part of the thorax, flexing it upon itself, which transmitted the uterine power directly upon the occiput." But it is evident that such an injury could not be inflicted by labor-pains, acting in that man-

ner. And delivery, without additional aid, could scarcely have taken place after the failure of the forceps, applied when the chin was low down in the pelvis. If, however, the head was wedged in the manner described above, which I believe was the case, traction with the forceps would have caused just such a depression and fracture of the bone, without advancing the labor; and then spontaneous dislodgment and additional extension of the chin would be likely to result in delivery.

GUNSHOT WOUND OF THE GREAT TROCHANTER.

EXSECTION OF HEAD OF FEMUR—GRATIFYING RESULT FROM THE USE OF DRAINAGE TUBES.

By DAVID P. SMITH, Surgeon, U.S.V.,

IN CHARGE OF GENERAL HOSPITAL, FAIRFAX SEMINARY, VA.,

Joseph Brown, Co. I, 3d Michigan, was shot through the left great trochanter on the 29th August, 1862, at the second battle of Bull Run. He lay three days on the field, was then taken to Centreville, and finally brought to Fairfax Seminary General Hospital, Va., on the 11th of September.

It being deemed best to attempt to save the limb, he was treated in obedience to that view, the limb being placed in a suitable splint, and as much nourishment being got down as possible. I twice removed fragments of dead bone from both the wound of entrance and exit, and his improvement was so great that about the end of February he began to think of going home. Early in March, however, the limb began to swell immoderately, he lost his appetite, his pulse became small and frequent, and the discharge from the wound, although scanty, became extremely fœtid. Under these circumstances I deemed it best to attempt relief by operation. Accordingly, on the 21st of March, having first made a large exploratory incision, and discovered much disease, I extended it at both ends, so that it reached from about three inches above the trochanter, down on the outside, and along the axis of the limb, for about eight inches. So much new bone had been deposited about the seat of the fracture that, on beginning to dissect up the soft tissues from the tip of the great trochanter downwards, much embarrassment was experienced from the greatly increased diameter of the bone. By the handle of the knife, and the fingers, the new bone and periosteum producing it was peeled off and pried away from the necrosed portions. Just below the trochanter the bone was but loosely agglomerated, and came away in large fragments in the grasp of forceps. With large and powerful cutting forceps the femur was squarely divided at from five to six inches below the tip of the trochanter major. A screw driven into the softened pudding-stone (bone) failed to hold, and the part to be excised was manageable only with necrosis forceps. The neck was found so much diseased that I proceeded to remove the head from the acetabulum, which was happily accomplished with but very trifling hæmorrhage.

The portion excised will be sent to the Surg.-General's Office, furnishing, as it does, an impressive example of how much disease may exist after a gunshot wound, with but trifling manifestations of mischief, for, in this instance, nearly seven months.

He was rallied with difficulty from the shock of the operation.

After the lapse of about forty-eight hours an erysipelatous blush appeared over the whole thigh, and typhoid symptoms began to manifest themselves. I then pushed a female catheter into the wound, directing it towards the acetabulum. A jet of very offensive decomposing bloody serum issued through the catheter to the amount of four ounces. I retained the catheter in the wound, and introduced another one two or three inches below, so as to drain off all effusion; much serum and grumous blood poured out, oozing from the cut surfaces, and trickling through the catheters. On the fifth day after the operation he had a severe rigor, which gave rise to grave apprehensions, but the discharge through the catheters soon told that it was caused by hæmorrhage to the extent of four to six ounces. He soon rallied from this. I often washed out the cavity by injections of warm water and solutions of chloride of soda. The catheters often became clogged up, which as often necessitated their removal, cleansing, and re-introduction. For a day or two at first the limb lay on a pillow: I then applied Prof. N. R. Smith's anterior splint; but that, admirable in all other respects, preventing access to the front of the limb for the purpose of rubbing, I then contrived a species of hammock for the limb, hung from a beam overhead. The miniature hammock for the leg hung horizontally, but in order to effectually prevent any burrowing of pus, I hung it so high that the thigh was almost perpendicular. To support the thigh I passed a bit of soft towelling around the under surface of it, broad enough to extend from the perineum to the popliteal space, and suspended by cords leading back to an upright behind the bed at an angle of thirty-three degrees with the horizon. This latter support so equally pressed upon the under surface and two sides of the thigh, as to relieve the man immediately of all uneasiness, and cause a continual oozing from the wound and dropping from the catheters of pus, serum, and synovia. About seven days after the operation suppuration was fully established.

An unlimited amount of nourishment was afforded this man from the moment the nausea and vomiting induced by the chloroform had passed away. Ten or twelve eggs each day, with an unlimited amount of strong beef-tea, and half an ounce of brandy every two hours, were given him. In connexion with this case, I wish to remark, that my experience in all branches of the service has driven me to the conclusion, that it is not the fault of Government or of the Surgeon-General, if the sick and wounded in the army do not receive every comfort, every care, every attention. I must say that I have found that proper supplies, proper food, suitable clothing, and good nursing, are always obtainable by the surgeon for his sick and wounded. Careless and incompetent men will always probably exist, and contrive to creep into subordinate positions in every department, but the atmosphere for them in the medical corps of the army is so uncongenial that they soon drop or *are dropped* out. I make these remarks, because I have observed with pain the remarks of some surgeons who, from a want of experience, meeting with minor difficulties, and perhaps missing in the Supply Table some medicines used only by a few practitioners, think themselves justified in indulging in puerile complaints. Deeming it of the utmost importance that there should be, in the case of this man, no hindrance to digestion and assimilation that could be avoided, on the second day after the operation I discontinued the use of opium, which he had used nearly all of the time since his wound was received. This I did, of course, by rapidly diminishing the dose of the opiate, not dropping it at once.

The above is an extract from my monthly report for the month of March. During April, Brown continued to improve. I gave him porter with large quantities of cod-liver oil part of the time, half a pint of the latter daily. I was obliged to keep in drainage tubes until the first of June. Whenever I removed them, as I did several times to try to do without them, pus would accumulate and burrow. When I removed the last one on the 1st of June, I passed a mesh of suture wire through the fistulous opening still remaining. This was retained until the 20th inst. The wounds, both of the operation and the original wound, are now entirely healed. The man is about on crutches. Of how much use this limb will be to him it is now too early to decide: I make no comments on the case, because I desire only to report its occurrence, and recommend the use of drainage tubes in all similar excisions, and indeed in all compound comminuted gunshot fractures where there is

much muscular tissue. Pus will not always readily flow, even from most dependent wounds.

U.S. Army Gen'l Hospital, Fairfax Seminary, Va.
June 26, 1863.

Reports of Hospitals.

U.S. GENERAL HOSPITAL, ANNAPOLIS, MD.

COMPOUND GUNSHOT FRACTURE OF THE FEMUR, TREATED WITH SMITH'S ANTERIOR SPLINT.

By B. B. MILES,
ACTING ASSISTANT SURGEON U.S.A.,

I.—*Fractures of the Neck of the Femur, caused by a Musket-ball.*—Borgh, age over 30 years, was wounded in the battle of Williamsburgh; after remaining on the field for some time, he was carried to the rear, and simple dressing of cold water was applied to the wounded thigh. The patient states that the amount of hæmorrhage was small, and the shock to his constitution was very great, with sharp stinging pain in the thigh. He also states that it was impossible to sleep on account of the pain. Five days afterwards I received him from a government transport. On examination, a bullet wound was discovered in the right groin, below and external to the superior spinous process, and a posterior wound was discovered in the buttock. The bullet was presumed by him to be a round ball. On making the usual measurement from the anterior superior spinous process to the ilium, and to the inner condyle of the femur, there was found no shortening, but crepitus was distinct. On passing a probe in at the anterior opening, fracture could be felt. The limb was swung in Smith's anterior splint. The suppuration was copious, yet healthy in color and consistency. He had now no difficulty in sleeping, nor did I find it necessary to give him a narcotic. He remained in the splint over two months, treated with cold-water dressing, to the great relief and comfort of the patient. By measurement of the limb, it was found that the shortening amounted to one inch and a half. The general health of the patient has improved rapidly, and convalescence was not interrupted by a single accident. He returned home cured. It has been the opinion of the surgeons of Europe, and among them Mr. Guthrie is the most prominent, that no person has been known to survive for any length of time a fracture of the neck of the femur.

I know of a lady, aged sixty years, who fell on a sleety day, fracturing the neck of the femur. She recovered with shortening of one inch and a quarter. She was alive two years after the accident, and walking without the assistance of a cane. Treated on the anterior splint.

II.—Ruff, Penn. Vol., aged 45, native of Ireland, was wounded in the seven days' fight by a round ball, as he supposed. The musket-ball struck the anterior aspect of the right thigh, passing on, fracturing and comminuting the right femur, and finally passing out nearly opposite on the posterior surface of the thigh. The fracture of the femur was at the junction of the middle and upper third of the bone. The patient states that the amount of hæmorrhage was small, and the shock very slight, he only experienced a sharp pain in the thigh. He was carried off the field immediately or after the firing had slackened, and was obliged to remain unattended until the following morning. His wound was dressed with cold-water dressing, and then he was put upon a government transport, where he lay for some thirty-six hours, not even water being applied to his wounds. I saw him the third day after the injury. The leg was placed in the anterior splint, and treated with cold-water dressing. The suppuration that followed was copious, but healthy in color and consistency. He remained in the splint two months before it was taken off, and then it was found that the fragments had united firmly. He was accordingly allowed to wear crutches.

During the treatment small fragments of bone from time to time came away. By accurate measurement of the limb, and comparing it with its fellow, the shortening was ascertained to be one inch and a half. The general health of the patient improved rapidly, and there was no local deformity at the point of fracture. He returned home without the use of a cane, cured.

III.—Noll, N. J. Vol., aged 20, a farmer, and of good constitution, was wounded at the battle of Antietam. He was taken prisoner and sent to Richmond; he remained there several days with little or no treatment. When admitted, his condition at that time was enfeebled by hunger, thirst, loss of blood, profuse suppuration, and fatigue of the journey. The bullet, supposed by the patient to have been a minié ball, entered the anterior surface of the left thigh at the middle, passing downwards and backwards, fracturing the bone in its lower third, and emerging posteriorly about six inches below the point of entrance. Up to this time (15 days having elapsed) no apparatus or dressing of any description had been applied to the limb. The appearance of the limb, on entering, was swollen, the anterior and superior wound looked healthy; but the lower wound was much enlarged and suppurating most profusely. You could easily introduce your finger and feel the shattered bone, but as no detached pieces presented, the limb was swung in the anterior splint, and according to his statement he has not slept for a week; but since the application of the splint he has not passed a sleepless night: cold-water dressings were applied; beef-tea, stimulants, and tonics, were necessary to support the general system. Two weeks after entering the hospital, and the 27th day after the injury, the wounds were suppurating copiously, but healthy in color and consistency; small fragments of bone came away, and he convalesced slowly. The splint was not removed for ten weeks, and then the lower wound was discharging. No deformity of the limb noticeable, and the position perfect. By accurate measurement of the limb, shortening is ascertained to be one inch and three-quarters. He was able to return home cured.

IV.—*Fracture of the Femur through the Great Trochanter, caused by a Minié Ball.*—McCave, Mass. Vol., was wounded at the battle of Antietam: after remaining on the field for some time he was carried to the rear and placed in a barn, where he remained for about two weeks. The patient states the amount of hæmorrhage was considerable, and the shock to his system was very severe. He also states it was impossible to sleep on account of the pain, and the noise of the others in suffering. The musket-ball entered the anterior aspect of the right thigh, about three inches and a half below the anterior superior spinous process, passing on, fracturing and comminuting the right trochanter, and finally passing out nearly opposite: his wounds were dressed with cold-water dressing. He was sent in an ambulance to the General Hospital at Frederick City. The transportation on a rough road irritated the parts, causing active inflammation. The suppuration that followed is described as being copious, but healthy in color and consistency. The limb was swung in the anterior splint. The wounds caused by entrance and exit of the ball healed kindly, and rendered no further annoyance. At the end of three months the dressing was removed, and it was found that the fragments had united firmly; but owing to abscesses in the axilla, he could not use his crutches. By accurate measurement of the limb, and comparing it with its fellow, it is ascertained that the shortening is not over three-quarters of an inch, and he walks about without the assistance of a cane. His general health is fast improving. During the treatment several pieces of bone were removed, and his case is one of the most promising that I have ever witnessed.

(*To be Continued.*)

The expenditure of the British Medical Council during the past year, 1862, was £4822. Its income was £4661. The excess of expenditure over income was, therefore, £160. This bad balance-sheet is attributed to the fact of £600 advanced to the *Pharmacopœia* Committee. The estimated accounts for the present year, 1863, show a balance in favor of the Medical Council.—*British Med Jour.*

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, JULY 1, 1863.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

ALCOHOLIC STIMULANTS IN PULMONARY TUBERCULOSIS.—DISCUSSION OF DR. FLINT'S PAPER.

DR. FLINT read an elaborate and interesting paper, entitled the "*Management of Pulmonary Tuberculosis, with Special Reference to the Employment of Alcoholic Stimulants.*" It consisted mainly of a clininal report, based upon sixty-two cases of arrested tuberculosis. These cases are analysed and compared as regards points of agreement relating directly and indirectly to the management, the main objects of inquiry being the evidence afforded of self-limitation, the influence of hygienic measures, the agency of remedies, and the importance of alcoholic stimulants in determining the arrest of the disease. He considers that the disease is arrested whenever the general and local symptoms show it to be non-progressive for several consecutive months. After the arrest, the recovery may or may not be complete. In many of the cases the recovery was complete, while in others a certain amount of cough and expectoration continued for a considerable period of time, in two cases for more than twenty, and in one case for forty years.

For convenience of analysis he arranges the cases in three groups. I. Those in which no curative or hygienic methods of management were employed. II. Those cases in which hygienic measures were employed. III. Cases in which remedial measures, including alcoholic stimulants, were supposed to have had a curative influence. I. In the first group seven cases are collected, of which four recovered entirely. II. The second group includes twenty cases, in twelve of which the recovery appeared to be complete, in eight the arrest of the disease was not followed by complete recovery within the period that the condition of the patients severally was known. The ages in this group ranged between nineteen and fifty years, and seventeen of these were males. In only four of the cases are there any grounds for supposing that climate had any curative influence. The most important point of agreement developed by the analysis of this group of cases relates to change of habits as regards exercise and out-door life, and the agreement in this respect is highly significant. III. The third group embraces thirty-five cases. Only one of these cases was treated with tonic remedies, exclusive of cod-liver oil and alcoholic stimulants. In four tonics were employed in conjunction with alcoholic stimulants, and in two tonic remedies were conjoined with cod-liver oil; alcoholic stimulants and cod-liver oil were employed conjunctively in eight cases. Stimulants, oil, and tonics were used in one case. The curative remedies employed were only three in number: cod-liver, alcoholic stimulants, and tonics of iron and quinine. In five of the thirty-five cases, the curative treatment consisted exclusively of cod-liver oil; in two of these the symptoms entirely ceased. Of these thirty-five cases, in fourteen the curative treatment consisted exclusively in the use of alcoholic stimulants; of these fourteen cases of arrest, in nine the recovery was apparently complete. Generous living was inculcated and adopted as far as practicable in all the cases.

The most striking and valuable of the results of the analytical study of these sixty-two cases is their almost uniform agreement as regards change of habits with respect to exercise and out-door life at the time of the arrest. Excluding the seven cases of the first class, and two in which the facts with respect to this point were not noted, of the remaining fifty-three, in all save three, the histories show a greater or less change of habits to have been made; and in many cases the change consisted in relinquishing sedentary callings for other pursuits, in order to carry out more effectually the desired reformation. Regarding the indications for the use of stimulants, Dr. Flint says:—

"If their immediate effect be that of a cordial stimulant, that is, if they produce a sense of comfort: if they are followed by a feeling of increased strength, and a greater disposition to exercise; if they do not excite unduly the circulation or nervous system, I believe we may expect benefit from their use. *Per contra*, if their immediate effect be discomfort; if they are followed by a feeling of increased weakness and less disposition to exercise, and if they excite unduly the circulation or nervous system, I believe they will not do good, and may perhaps do harm."

With respect to the formation of habits of intemperance, he remarks:—

"In not one of the cases which I have reported has there been developed, so far as I know, a craving for stimulants, or a reliance upon them, rendering it difficult to relinquish their use. I have had my attention directed particularly to this point of observation, and I have not yet found an instance in which there was any apparent reluctance to discontinue the use of alcoholic stimulants whenever it was deemed advisable. I have not yet found an instance in which their use was continued after they were declared unnecessary; in short, up to this time I am not aware that in a single case among the many cases in which I have advised alcoholic stimulants, has a patient fallen into intemperate habits. * * * I certainly am not prepared to advocate the use of alcoholic stimulants as a prophylactic; that is, to sanction indulgence among those who may believe or fancy that they are in danger of becoming tuberculous. I would not advise their use in doubtful cases; they should follow a clear diagnosis, based on signs and symptoms. In persons with the unfortunate idiosyncrasy which leads to an irresistible craving on the slightest indulgence, the immediate effects would always contraindicate their use in conformity with the rules which should govern our practice in cases of tuberculosis. And, finally, when employed as a remedy, they are not to be taken as a means of conviviality, or for any other than a curative influence."

DR. DETMOLD was not able to reconcile the clinical and autopsical history of phthisis with the generally received theory as to its cause. It was claimed that the respiratory function was the one that suffered. This he could not believe, because, if there was a deficiency of oxygen admitted to the blood, digestion still remaining active, there would necessarily be a chance for the accumulation of fats. But the reverse of this was the case. Again, the most successful remedies used for phthisis were the hydrocarbons. This, to his mind, did not prove that the disease was due to any great want of oxygen.

DR. GRISCOM thought that the disease depended on the lack of carbon in the blood instead of oxygen, and instanced in proof of that fact the beneficial influence of fats as remedial agents.

DR. MCCREADY alluded to the fact that alcohol was discharged from the body, as such, and acted beneficially only so far as it stimulated digestion and aided assimilation.

DR. HORACE GREEN had only employed alcohol as an adjuvant to other remedies, and therefore could only speak approximatively of its effects. Conjoined with tonics and out-door exercise, he had seen great benefit from its use.

DR. FLINT, JR., was of the opinion that inasmuch as the process of nutrition was very much interfered with, the indications were to bring that process to the normal state. He believed that alcohol conduced to such an effect, not by its actual consumption, but by its mere presence, the same as did common salt. He alluded in the course of his remarks to the results of experiments upon alcohol made by Surgeon-General Hammond, who claimed to prove that by its use the amount of urea excreted was really less than without it, and that a person could do more work with a less amount of food. With regard to

the habitual practice of using ardent drinks, he remarked that it caused healthy persons to live too fast, and become in consequence prematurely old. In disease, however, the effect of alcohol was simply by its presence beneficial in stimulating digestion and aiding assimilation.

Dr. Parker spoke strongly against the practice of whiskey drinking, which was becoming so common in the community on the slightest pretence, and thought it well that practitioners should be on their guard against prescribing it when they were in any doubt concerning its beneficial effects.

Dr. Blakeman related the case of a young lady who, in consequence of the prescription of a physician, was led into habits of intemperance to such an extent that in the course of eight months she was accustomed to take two and a half pints of brandy daily. She died a drunkard.

Dr. Post related a similar case of a young man, with strong hereditary predisposition to consumption, who, upon the advice of a physician to stimulate freely, also became a drunkard, and eventually died of delirium tremens.

Dr. Peaslee was in favor of stimulants in phthisis, when a good effect could be obtained by nothing else. He considered alcohol useful as a stimulant to digestion and to the nervous system, as well as a generator of animal heat. He thought it impossible that alcohol should arrest retrograde metamorphosis, as claimed by Dr. Hammond.

Dr. Batchelder stated that during a practice of over half a century, having pretty generally prescribed stimulants, he had never known a single case of habitual drunkenness as the result.

The Academy then adjourned.

FOREIGN CORRESPONDENCE.

LETTER XXXIX.

By PROF. CHARLES A. LEE.

ROME.

November 21, 1862.

The city of Rome lies in a vast undulating valley, extending up from the Mediterranean, and inclosed by a framework of mountains. It is watered by several rivers, of which the Anio and Tiber are the principal. A great portion of this plain, if not the whole, gives evidence of having been once covered by the sea; but there is also equal proof of igneous action. Monte Mario, on the right bank of the river, and 440 feet above the sea, abounds with fluviatile and marine remains, while most of the hills and mountains encircling the plain are of volcanic origin. Mount Soracte over the Tiber, however, is calcareous, as is also the Monte della Petra on this side, as well as the whole chain of mountains from Magliano to Piglio, forming part of the Apennine chain. We find fluviatile deposits on the Pincian hill as well as on the Esquiline and Aventine; but we also meet with lithoidal tufa of volcanic origin on the Capitoline, the Aventine, the Esquiline, and the Cælian, as well as many plains outside of the city. Indeed the great mass of the seven hills on which Rome was originally built is of volcanic origin, and we can trace distinctly a bed of lava from the elevation on which the tomb of Cecilia Metella is situated, six miles from the city, to the Alban Hills, some ten miles distant. The inference is plain that the soil of the great basin of Rome has been chiefly formed by volcanic eruptions, and that previous to that time it had been covered by the sea. The craters of these extinct volcanoes are still to be seen in the vicinity of the city, forming lakes of greater or less extent, or excavations destitute of water. The Tiber, like the Arno at Florence, is a muddy, turbid stream at all seasons: some of the old classic writers call it "*flavus*," and Virgil "*cæruleus*," but instead of being yellow or azure, at present it is of a whitish-grey, or clay color. Doubtless its color varies according as it it is troubled or not with floods. There are no quays, and the banks are consequently being worn away and constantly changing. Its average depth where it passes through the city is from ten to twenty feet. The fish found in it are the sturgeon, shad, gudgeon, pike, mullet, dog-fish, carp, bream, and eel. It not unfrequently overflows its banks, and there are several most disastrous inundations on record.

Rome is supplied with the purest water through its aqueducts, although the quantity is inconsiderable when compared with that brought into ancient Rome. There were in the reign of Claudius nine aqueducts, eight of which were on the left bank of the river; of these the *Anio Novus* was sixty-two miles long, forty-eight of which were under ground; the Claudian aqueduct was forty-six miles long, thirty-six subterranean, and for ten miles it was carried on lofty arches, six miles of which are still seen stretching across the Campagna. All these aqueducts converged to nearly the same point, and entered the city at an elevation considerably greater than any of the hills on which it was built, so that the water was readily distributed to every part, and supplied innumerable fountains; the source of supply also being in volcanic strata, the water was free from lime and extremely pure. Of these eight ancient aqueducts on the left bank of the river only one is in use at the present day, viz. the *Aqua Virgo*, which was constructed by Augustus. Its course is mostly subterranean, and it furnishes, it is said, the best water in Rome. It also supplies thirteen large fountains, furnishing over sixty-six thousand cubic metres of water daily. The *Alsientine* aqueduct, constructed by Augustus on the right bank of the Tiber, thirty miles long, is still in good condition, having been kept in repair by the Popes, and supplies the fountains in the piazza of St. Peter's, and numerous flour mills, which was one of its principal uses in ancient times; but besides these sources Rome abounds with springs and wells of pure water. The least depth of the wells is twenty-eight feet, and the greatest one hundred and twenty-two on the Palatine. The depth of wells on the plains varies from ten to twenty feet, according to the greater or less accumulation of rivers. Seven of these springs have been converted into public fountains, and the physicians here regard their waters as extremely salubrious. I have certainly never tasted more palatable water in my life, nor seen any of apparently greater purity. In exploring the old *Cloaca Maxima*, built some six hundred years before the Christian era, and still fulfilling the purpose for which it was originally constructed, I came across a most abundant spring, limpid and sparkling, pouring its waters over the rocks, which is deemed highly medicinal by the Roman people, and eagerly sought after by all classes, though entirely destitute of any sensible properties. There are also three celebrated mineral springs in the vicinity of the city called *Aqua Acetosa*, *A. Acidula*, and *A. Santa*. The first derives its name from its acid taste, doubtless owing to sulphuric acid, like some in the western parts of our own State. It is diuretic and slightly laxative, and the spring is much frequented by the Romans in the morning. It is in great repute in hepatic affections. The *A. Santa* is about three miles from the city, and its waters are extensively used for baths as well as internally, especially in summer. The *A. Acidula* is similar to the *A Acetosa*, only weaker, and is used for the same complaints. It is a well known fact that few parts of modern Rome present to the eye the original soil on which stood the ancient city—a fact sufficiently explained by the millions by whom the city has been peopled, and the various vicissitudes it has undergone. Besides the ordinary causes which are in operation in most cities, such as the elevation or depression of the soil for the construction or alteration of streets and houses, the transfer of ruins or rubbish from one locality to another, and the silent but ever active influence of time, Rome has been repeatedly overwhelmed by the hand of man, by flood and fire, and has also repeatedly risen on its own ruins. Excavations made on various occasions and for various purposes have disclosed in many places the height of the superincumbent masses. On the hills that were covered with ancient edifices, such as the Capitoline and the Esquiline, the general elevation of the soil is about eight feet; but there are some remarkable excep-

tions, as on the Cœlian, where the first story of the house of Augustus is completely entombed, and near the church of St. Paul and St. John the ancient jail is more than eighty feet below the present surface, and near the arch of Dolabella it is thirty feet; while the valleys have been filled up from nine to thirty feet above their ancient level. Owing to this circumstance the distinct boundaries of the seven hills of ancient Rome are not easily defined, and some of them have almost entirely disappeared. It is a well known historical fact, moreover, that before the incursions of the barbarians the jail had risen several feet above the ancient level. In examining places where excavations had been made I find the lowest stratum presenting either aqueous deposits, the result of inundations, or vestiges of conflagration, or ruins of fallen edifices, over which lie successive heaps of rubbish of every sort. It is generally admitted that the *Campagna* of Rome was at a very remote period thickly inhabited, of which its numerous ancient cities, whose ruins still remain, are a sufficient evidence; at a later period we also know that the neighborhood of the city was deemed highly insalubrious, as it is at the present day. Cicero speaks of Rome as a healthy city in the midst of a pestilential region; and Livy, speaking of the mutiny of the Roman garrison of Capua, among other grievances says, they complained of being confined in an unhealthy district outside of the city. Strabo, also, says, that in his day the insalubrity of the air was confined to a few places in the neighborhood of Ardea, Antium, and the Pontine Marshes. But during the first three centuries of the Christian era the Campagna was thickly studded with numerous suburban villas, as their ruins still attest. At present it has returned to the state of abandonment and consequent insalubrity mentioned by Cicero and Livy. This corresponds exactly to what we have sometimes observed in our own country. The air of the Campagna has been different at different periods; salubrious, as a general rule, when populous and well cultivated; and insalubrious when not tilled, and comparatively reduced to a wilderness; so that its insalubrity is not owing, as many suppose, to its having been formerly better drained than at present, but to its better cultivation and denser population. Still, there are permanent causes which will always render the Campagna more or less unhealthy: its surface lies at so low a level that it is difficult, if not impossible, to drain it well; the waters that fall in rain, descend in torrents from the neighboring hills, or escape from the aqueduct, are retained and stagnate in the soil; immense quantities of animal and vegetable matters are constantly undergoing decomposition during the summer droughts. In the days of Trajan it was believed that the city was rendered unhealthy by the Pontine Marshes, though forty miles distant; but it is far more likely that the causes of disease were, as at present, in the city itself or its immediate neighborhood.

In regard to the healthiness of the city at present there are different opinions, for while some contend that it is extremely healthy, others maintain quite a contrary opinion. English and American physicians, resident practitioners here, inform me that the atmosphere of Rome is extremely salubrious, that its climate is far preferable to that of Florence or Naples, and that, above all others, it is the place for all pulmonary invalids. One thing, however, is certain, that intermittent and remittent fevers, and those too of the pernicious or highly congestive character, are very prevalent here during the summer and autumnal months. While visiting the military hospitals of the Papal army I found some two hundred cases of malarious fever, or patients slowly recovering from splenic engorgements or other of its sequelæ; and on inquiry of the attending surgeons I was told that all these cases originated in Rome, that the soldiers had constantly been confined to the city, and that this class of diseases was extremely common in Rome during the summer and fall. The Papal army in Rome, I may mention, consists of 3000 men only, although there are in all 8000 throughout the entire Papal dominions. Every person here admits that Rome is very subject to frequent, sudden, and extreme changes from heat to cold; that its sun is often intensely hot, so much so as to render all exertion during three or four hours in the middle of the day during the hot season extremely dangerous; hence, all labor, except what is absolutely necessary, is suspended during that time. The difference of temperature between day and night is also very great, and this, doubtless, also is a frequent source of disease. The most populous quarters of Rome are admitted to be the most salubrious, a fact which we often meet with in other cities if due attention is paid to sewerage and cleanliness. Lancisi and other Italian medical writers maintain that Rome can produce more examples of longevity than any other Italian city, centenarians being quite common. I believe there are no statistics on which we can rely if indeed, there are any at all, showing the rate of mortality in the city, or any of the States of the Church. One fact has been well ascertained, and it is important to those who come here to spend the winter, that during the winter months the city is entirely free from malaria, and one may reside here with perfect safety so far as regards malarious attacks. It is worth mentioning, too, perhaps, that the Romans themselves never leave the city for the country until after the summer heats, the city being regarded as by far the healthiest residence. Professor Secchi, the distinguished astronomer and physicist, in charge of the Observatory of the Collegio Romano, informs me that electrical changes and disturbances are extremely great and frequent in Rome, and that he has distinctly traced a connexion between them and nervous affections, the latter being greatly aggravated by such disturbances. As he has, however, promised me a detailed account of his observations, I shall pass the subject by for the present. The winter temperature of Rome is very mild: mean temperature of the year, 60° Fah.; of winter, 45°; spring, 57°; summer, 95°; autumn, 62° Fah.; mean temperature of hottest months, 97°; coldest, 42°.

I have thus given a kind of bird's eye view of some matters which may possibly interest your readers. In my future letters I shall speak more in detail, and particularly in regard to the hospitals and charitable institutions of the city.

It is not very long since we noticed the fact that the French Academy had awarded 2,000 *francs* to M. Kœberle, of Strasbourg, for two successful cases of ovariotomy. In singular contrast to this illustration of the state of operative surgery on the other side of the Straits of Dover, it is worthy of note that, at the last meeting of the Pathological Society, Mr. Spencer Wells exhibited eight ovarian tumors which he has removed within as many weeks, six of the cases proving successful; and that, in giving his experience of the operation during the present session of the Society, he said that he had operated during the session on twenty-seven cases, with a result of twenty-three recoveries and four deaths. His total experience he stated to be sixty-three cases, with a result of twenty deaths and forty-three recoveries. The greater success of late he attributed to the greater knowledge acquired by increasing experience. It would be rather an expensive undertaking for the French Academy to reward our successful ovariotomists at the same rate as M. Kœberle.—*British Medical Journal.*

The death of M. Renault has been announced to the Academy. M. Renault had received a commission to investigate the typhus attacking the cattle in the Pontine Marshes. He there contracted a deadly fever, and died at Bologna. It is said that he died of disease contracted from the cattle. M. Renault was born in 1805. He was Inspector of Veterinary Schools, and formerly professor at the Alfort School.—*Brit. Med. Jour.*

American Medical Times.

SATURDAY, JULY 11, 1863.

AN INDOLENT PROFESSION.

Every one interested in the welfare of medical science must have been struck, within the past year or two, with the growing inactivity of the profession as a body. The love for work by the great mass of the medical men seems to have been lost almost past redemption. Startling as this assertion may at first appear, we have certainly facts enough at hand to compel us to a humiliating acknowledgment of its truth. If search were to be made among the community of medicine, how many there would be found who would be compelled to confess to the truth of not opening a text-book for months at a time. The proportionately large number of such would be found truly appalling. No one can complain that the stimulus to exertion is not sufficient, for in every section of our country are to be found societies that are ready to invite discussion upon any medical topic, and the medical journals are willing to open their columns to every one who is zealous in the cultivation of his science; and yet what a pitiful record have we to make of the doings of the profession of this country. Some of our best societies can scarcely get together a quorum, and many of the most valuable papers that are read before them almost utterly fail to wake up any interest or provoke any interchange of opinion. This certainly is very poor encouragement to the few workers who are still to be found among us. Too many there are who attend our societies, who have scarcely energy enough to listen more than ten or fifteen minutes to a memoir before their eyes are heavy, and they nestle themselves for a comfortable nap until the time for adjournment arrives. We must not shut our eyes to the fact, also, that most of the older and more influential members absent themselves for months at a time from scientific deliberations, and deprive those who really are interested in the pursuit of knowledge, and who are consequently entitled to the results of the experiences of such men, of matured opinion and healthy counsel.

In view of this state of things, we do not hesitate to impeach those guilty of such neglect as violating the gravest of responsibilities by setting an example which cannot and will not fail to exert a deleterious influence, more or less general, upon the whole medical community. A certain character of meetings are always well attended, but this can perhaps be explained, not so much from the interest manifest in the topic to be discussed, as in the character of the refreshments which are to be served at the end.

Again, if we look into medical literature we can find still other proofs of a lack of vitality in scientific pursuits in the paucity of contributors to the different periodicals. With all the great resources afforded by large hospitals, dispensaries, and the like, what a comparatively small amount of material is collected therefrom to serve the common good! How few there are of those who enjoy unbounded opportunities for clinical experience that place the results of these labors upon record. There is no excuse for this. No one who has the good of the profession at heart has a right to withhold from it any of the results of experience or investigation which may be in his possession. It is common property, and should be dealt out as such, that all may be benefited by it. The never failing excuse for not doing so on account of want of time, is too senseless a one to be at all considered. It is not so much the want of time as it is the lack of energy to turn spare time to account. We are compelled to make the mortifying statement that many of our most celebrated practitioners, especially in New York, who have almost grown grey in the service, have hardly made a single record of their doings. May posterity give them the deserving punishment by forgetting them. This lukewarmness among us must be counteracted by a healthful stimulation to renewed exertion; the advancement of science, the interests and the honor of the profession demand it! But we cannot hope for better things until each individual member of the community appreciates his own duty in the matter, and the degree of accountability which he has to the profession as a whole. When each one does his part, and all work with one will, then, and not till then, will a rejuvenation take place. We have among us too few devoted students, too few who quietly, persistently, and untiringly work for the "very work's sake," and who strive to give others the benefits of their labors. We are afraid, however, that we have to look for most of these among the rising generation, inasmuch as too many of the older members are past conversion.

THE WEEK.

The alarming extent to which alcoholic stimulants are being resorted to as a beverage by the public should attract the serious consideration of physicians. The vice is beginning to find its way into all classes of the community, and the opinion is fast becoming prevalent that, used in moderation, stimulants are not only harmless, but actually beneficial in promoting health and strength. The various quacks who trump their "bitters" into the market are beginning to understand this, and have already reaped a golden harvest from a very extensive sale of their nostrums. In the army also liquors are very extensively used for other than remedial purposes, and among them Bourbon whiskey seems to be the favorite. A very interesting question in connexion with the prescribing of stimulants, came up for consideration in the discussion upon Dr. Flint's paper before the Academy of Medicine, and the points which were there alluded to deserve the attention of every practitioner in the habit of indiscriminately prescribing alcohol. Physicians can do much towards educating the people against the habit which they have fallen into, and at no time have their services in this respect been more urgently called for. Setting aside the deleterious influences of the continued use of pure liquors, a great amount of harm must necessarily be caused by the use of an inferior article, of which we have reason to suppose there is an abundance in the market, on account of the increasing demand.

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We call attention to a lecture in this number of the Times by Dr. Percy, on the Veratrum Viride, as a means of diagnosis in diseases of the chest, and hope that it will receive the attention and criticism that such a subject

deserves, from those particularly interested in studying auscultation. Matters of such importance should be freely disseminated; and we will afford every opportunity to free discussion.

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Very extensive preparations are now in progress for cleaning the streets of this city under the auspices of the new Street Inspector. If he follows out the plan which he proposes to do to its completion, we may once more hope for a salubrious dwelling-place. The city was never in a more filthy condition, which is saying a great deal.

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The various medical societies of the city have taken a recess for the summer months.

Correspondence.

CLIMATE OF SAN SALVADOR.

[To the Editor of the American Medical Times.]

San Salvador, April 26, 1863.

Sir:—Before leaving the United States I was requested by several members of the Academy to inform them of the adaptation of the Pacific coast for invalids requiring a change of climate, and more especially those affected with incipient tubercular disease, or even the more confirmed forms of consumption.

A residence of one year in this locality, together with considerable experience in the treatment of the diseases incident to the country, enables me to reply in part, at least, to the queries put to me by your members on this subject. The seasons are divided into the dry, when comparatively no rain falls, and the wet, when showers occur nearly every day. The former usually begins about the middle of October, and terminates about the middle of May. The latter occupies the remainder of the year. During the months of November and December, and a part of January, strong winds prevail from the north, and reduce the temperature, especially in the upland districts, to a very unpleasant degree. This is the coldest season of the year. The thermometer rarely indicates a fall below 60° Fahrenheit, yet the mornings and evenings, more especially the latter, appear so cool as to render a fire (which, by the way, is seldom met with in the dwellings of the natives) quite agreeable.

Upon the subsidence of this wind the temperature rises in the city and neighborhood of San Salvador, which is about 2200 feet above the sea level, to 76°, and as the season progresses into March and April, to a still higher range, but seldom above 80°. This is the warmest period of the year. The wet season is marked by a diminution of temperature of several degrees, seldom below 72°, and usually 74° to 76°, which continues with much regularity. The night is at all seasons cool enough to be comfortable, and during the entire rainy season a blanket for covering is absolutely necessary.

The rainy season, which to my mind is the most delightful of the year, is very far from being one of continuous rain. Indeed, a period of three or four days' incessant rain, as frequently occurs in the United States, is almost unheard of. The sun at this season invariably rises in a clear and cloudless sky, and warms into life a landscape freshened and made fragrant by the shower of the preceding night. This is the period of growth, and the rich tropical vegetation, with its deep hues and its many-colored flowers, is now seen in its greatest perfection. A rich undulating landscape, covered with this many-tinted verdure, an atmosphere clear and exhilarating, and at the same time balmy, and the music of the birds that twitter in the deep foliage, many of which are quite familiar to the United States, cannot fail to tempt the invalid out at an early hour to enjoy its freshness and invigorating influence.

This sunshine invariably continues until one o'clock, at which hour clouds often gather and fall in the form of a heavy shower of from a few minutes' to an hour's continuance, after which the sun again makes its appearance, and may continue until its setting. These afternoon showers are by no means regular, and it often happens that weeks pass without their occurrence. The night, however, seldom passes without one. No one, on awakening in the morning, asks whether the sun shines or not, because sunshine is invariable at this hour, and in nineteen days out of twenty the air is balmy and refreshing. The exception to this rule is only found during the high winds of November and December.

The diseases are such as are usually met with in a healthy locality in the United States, except that cases of goitre are quite frequent, and tubercular consumption seldom or never seen. Among the poorer classes the habitations are wretchedly built, and their occupants much exposed to the sudden vicissitudes incident upon sunshine and shower. Pulmonary affections, as pleurisy and pneumonia, are not uncommon, and catarrh, attended by much bronchial irritation and cough, is a very frequent complaint; and yet I have not met with a single case of confirmed tubercular disease, which is the more remarkable as the inhabitants, who are a mixture of the Spanish and Indian races, exhibit in the delicacy of their structure and peculiar organization all the characteristics of a scrofulous diathesis, which, in a climate like that of the United States, would doubtless rapidly light up into confirmed consumption.

Reasoning from these premises, I should suppose the climate of San Salvador peculiarly fitted as a residence for consumptives. The only positive facts I have on this point are the cases of two young gentlemen who were sent from England by respectable medical men, in what was said to be a condition of decided tubercular disease. They have both recovered, and are now active business men.

San Salvador is a city of eighteen or twenty thousand inhabitants. Its environs abound in delightful scenery, among which are many well cultivated estates, some excellent drives, and many picturesque rides suitable for horseback exercise, but not for carriages. There is, moreover, in its vicinity, the means of changing the climate to a higher or lower situation in a few miles.

The facility with which the journey is made from the United States, and the accommodations here, adapt it for invalids of both sexes. The native hotels, however, in all Central America, are, at the best, wretched affairs, and the tastes and customs of the inhabitants so different from those of other countries that the invalid would find himself but poorly accommodated in either; but there is in San Salvador an English hotel which may be safely recommended. To those who speak French, a selection may be made of a second, but for citizens of the United States the former is certainly the preferable establishment. The prices at these hotels, including such extras as one in delicate health might require, need not exceed two or two and a half dollars per day. For families who prefer their own establishment, houses may generally be obtained, and as the furniture is usually meagre, a couple of hundred dollars may serve for this purpose. I would recommend to persons coming here, whether intending to set up their own establishment or not, to provide themselves with pillows and mattresses, as the best of the native population prefer a simple mat to any softer bed, a custom I certainly am not disposed to adopt, and which the invalid would find still more inconvenient.

Should any member of the Academy see fit to recommend an invalid to visit this place upon the strength of this letter, or should any invalid adopt the suggestion for himself, I will endeavor, as far as I am able, to see that he is properly provided with accommodations and suitable attendance. I would remind him that, although he may find a delicious climate and bright skies, beneath which he may

take out-door exercise nearly every day in the year, yet he will miss many things he is accustomed to at home, and find many peculiarities that may not impress him favorably. These, however, are trifling matters in comparison with the prospect of a restoration to health, and one which an invalid would gladly subject himself to.

My own experience in the treatment of consumption while in the United States, and which, I imagine, does not differ from that of the members of the Academy, was so melancholy that I would gladly have hailed any resort to change of climate which held out any prospect of success as a great boon, but I was so often disappointed in the result that I came to look with the same suspicion upon this mode of relief that I did upon others; nor do I now assert that the favored climate which

"Bears healing on its wings"

for this class of patients is yet discovered. I only say that this is the only country in which I have had any medical experience, where consumption does not exist; and I think I am justified in reasoning, *a priori*, that the causes that prevent its occurrence may succeed in arresting its progress, even after it has been partially developed.

Yours truly,

JAMES WYNNE.

ARMY RELIEF BILL.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In your paper of May 9th, a paragraph appeared under my signature, which was intended to characterize the publication of the bill in the TIMES of the 28th of March, known as the "Army Relief Bill," and the procuring its publication, as a "gross fraud."

I have been interrogated several times as to what was intended to be characterized as a "gross fraud;" perhaps it was not clearly defined. It consisted, in my opinion, in procuring the publication of what purported to be a bill, presented to, and pending in the Legislature of New York; while the fact is the bill, as published in your paper, was not before that body at that time, had not been presented to that body, and further, was never before the Legislature or any committee of the Legislature of the State of New York, during its late session, or at any former session. Procuring the publication, therefore, of what purported to be a measure introduced into the Legislature of New York, was a "gross fraud" upon your paper and the public.

Respectfully,

JOHN SWINBURNE.

ALBANY, June 22, 1863.

Army Medical Intelligence.

OFFICE SUP'T U.S. MILITARY GENERAL HOSPITALS,
MEMPHIS, Tenn., June 15, 1863.

SPECIAL ORDERS, No. 111.

The following assignment of Medical Officers is announced; they will be obeyed and respected accordingly.

Surgeon J. G. F. Holston, U.S.V., Inspector of Hospitals.

Surgeon D. A. Worrall, U.S.V., Adams Hospital.

Surgeon S. C. Cheaney, 29th Illinois Vols. Infantry, to relieve Acting Assistant-Surgeon C. H. Cleaveland, U.S.A., in charge of the Officers' Hospital.

Assistant-Surgeon J. P. Wright, U.S.A., to relieve Assistant-Surgeon D. J. Farrell, 70th O.V.I., in charge of the Washington Hospital, the latter on being relieved will report for duty to the commanding Officer of his regiment.

Acting Assistant-Surgeon Cleaveland to take charge of and fit up the Church Hospital for the treatment of all cases of erisypelas and hospital gangrene, now existing, or that may hereafter occur among the inmates of the General Hospitals in this city; he will receive special instructions from this Office.

The Superintendent of Hospitals deems this a fitting occasion to manifest his high appropriation of the valuable and efficient services rendered by Assistant-Surgeon Farrell, 70th O.V.I., while organizing and fitting up the Washington Hospital; his zeal and energy are highly commendable.

B. J. D. IRWIN,
Surgeon, U.S.A., Supt. of Hospitals.

ORDERS, CHANGES, &c.

The contract of Acting Assistant-Surgeon Lewis A. Hall, U.S.A., has been annulled for attempting to defraud an enlisted man of money which he borrowed from him.

Leave of absence for thirty days has been granted to Surgeon E. T. Perkins, 71st New York Vols.

Surgeon E. D. Daily, U.S.V., and Assistant-Surgeon Andrew H. Smith, U.S.A., have tendered their resignations.

Drs. W. F. Norris, Edward Cowles, and Michael Hillary, have been appointed Assistant-Surgeons in the regular army.

Mr. W. M. Giles, of New York, has been appointed Medical Storekeeper, U.S.A.

The General Hospital at Broad and Cherry streets, Philadelphia, has been closed. Surgeon John Neil, U.S.V., lately in charge, has been ordered to Summit House Hospital.

Surgeon John G. F. Holston, U.S.V., has been assigned to duty as Inspector of Hospitals at Memphis, Tenn.

Surgeon J. E. Quidor, U.S.V., to charge of Convalescent Hospital, Young's Point, La.

Assistant-Surgeon C. J. Kipp, U.S.V., to General Hospital No. 1, Nashville, Tenn.

Surgeon G. R. Weeks, U.S.V., to the McPherson Hospital, 17th Corps, near Vicksburg, Miss.

Surgeon John W. Foye, U.S.V., to Hospital No. 19, Nashville, Tenn.

Surgeon Frederick Seymour, U.S.V., is superintending the erection of a large Field Hospital at Nashville, Tenn.

Surgeon D. P. Smith, U.S.V., has returned from leave of absence, and resumed his duties in charge of Fairfax Seminary Hospital, Va.

Surgeon S. D. Carpenter, U.S.V., has been assigned to the Webster Hospital, Memphis, Tenn.

Assistant-Surgeons L. C. Rice and M. K. Moxley, U.S.V., to the Floating Hospital "Nashville," near Vicksburg, Miss.

Surgeon O. M. Bryan has relieved Surgeon John M. McNulty, U.S.V., as Medical Director, Department of New Mexico. Surgeon McNulty is assigned to duty as Medical Inspector of the Department.

Surgeon J. W. Pittinos, U.S.V., has been assigned to Camp Parole, Md.

So much of S. O. 264, from the A. G. Office, as dismissed Assistant Surgeon John A. Meek, 89th Indiana Vols., on false charges presented by Colonel C. D. Murray of same regiment, has been revoked, and Assistant-Surgeon Meek is restored to his regiment, provided the vacancy has not been filled.

Leave of absence for twenty days has been granted to Assistant-Surgeon J. J. Conlan, 61st Ohio Vols., on Surgeon's certificate of disability; and on the same certificate to Surgeon L. E. Norris, 17th Maine Vols., for twenty days.

Assistant-Surgeon H. R. Silliman, U.S.A., to report to Brig.-General A. Schoepf, at Fort Delaware.

Surgeon W. S. Thompson, U.S.V., has been ordered to report to Colonel C. M. Prevost, at Harrisburg, Pa., for duty with the Invalid Corps.

Medical Inspector G. W. Stipp, U.S.A., has been relieved from duty in the Department of the South by Medical Inspector A. C. Hamlin, U.S.A., and has reported for duty to the Secretary of War.

Surgeon Charles Sutherland, U.S.A., now on duty in the Department of the Tennessee, has been ordered to report to Major-General Foster, commanding Department North Carolina, as Medical Director of that Department.

Assistant-Surgeon L. W. Read, U.S.V., to report to Major-General Heintzelman, commanding Department of Washington.

Surgeon William H. Morton, 1st Minnesota Vols., having tendered his resignation, has been honorably discharged the service of the U.S.

Leave of absence for thirty days has been granted to Assistant-Surgeon John G. Perry, 20th Massachusetts Vols.

Surgeon George Suckley, U.S.V., will report in person for duty to Major-General Schenck, at Baltimore, Md., as soon as his services can be dispensed with in the Army of the Potomac.

The appointment of Sherman Morse, as Assistant-Surgeon, 2d New York Cavalry, has been revoked, he having failed to report for duty with his regiment.

Assistant-Surgeon Joseph Swartz, 186th Pennsylvania Vols., having been absent from duty for over three months, has been discharged from service on account of physical disability.

The following assignments to duty of Medical Officers have been made: Surgeon S. D. Carpenter, U.S.V., now on duty at Fort Kearney, Nebraska, and Assistant-Surgeon G. F. French, U.S.V., to report in person to Major-General Grant, commanding Department of the Tennessee, and by letter to Assistant Surgeon-General Wood, at St. Louis, Mo.

Assistant-Surgeon S. E. Fuller, U.S.V., recently appointed, to report in person to Major General Rosecrans, commanding Department of the Cumberland, and by letter to Assistant Surgeon-General Wood, at St. Louis, Mo.

Assistant-Surgeon W. C. Bennett, U.S.V., recently appointed, to report to the Medical Director, Army of the Potomac.

Assistant-Surgeon P. A. O'Connell, U.S.V., recently appointed, to report to Major-General Burnside, commanding Department of the Ohio.

Surgeon Joseph P. Colgan, 59th New York Vols., having been absent from duty over three months, has been discharged for physical disability.

Colonel George D. Ruggles, A.D.C., and Assistant Adjutant-General, has been ordered to proceed to New York, and there organize such discharged or disabled soldiers and enlisted men in the hospitals for service in the Invalid Corps, as may meet the requirements of General Orders 105, current series. Assistant Surgeon R. Bartholow, U.S.A., has been detailed to assist Colonel Ruggles in the above duties.

Assistant-Surgeon Alexander M. Speer, U.S.V., is on duty at Seminary Hospital, Columbus, Ohio.

Surgeon W. S. Forbes, U.S.V., has been assigned to the 13th Army Corps as Medical Director, relieving Surgeon J. G. F. Holston, U.S.V., who has been assigned to duty superintending removal of the wounded from the Yazoo to the hospitals at Memphis, Tenn., etc.

Surgeon S. F. Elliott, U.S.V., has returned to Hilton Head, S. C., from leave of absence.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 22d day of June to the 29th day of June, 1863.

Deaths.—Men, 96; women, 91; boys, 111; girls, 109; total, 407. Adults, 187; children, 220; males, 207; females, 200; colored, 8. Infants under two years of age, 144. Children born of native parents, 22; foreign, 162.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 81; croup, 11; diphtherite, 14; scarlet fever, 20; typhus and typhoid fevers, 22; consumption, 60; small-pox, 4; measles, 6; dropsy in head, 10; infantile marasmus, 23; cholera infantum, 15; inflammation of brain, 11; of bowels, 11; of lungs, 16; bronchitis, 4; congestion of brain, 0; of lungs, 0; erysipelas, 3; diarrhœa and dysentery, 11. 213 deaths occurred from acute diseases, and 39 from violent causes. 249 were native, and 158 foreign; of whom 99 came from Ireland; 52 died in the City Charities; of whom 14 were in Bellevue Hospital, and 8 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June, 1863.	Minimum Temp'ture	SIX A.M. Temperature.	Evaporation Below.	Barometer.	Wind.	TWO P.M. Temperature.	Evap. Below.	Barometer.	Wind.	TEN P.M. Temperature.	Evap. Below.	Barometer.	Wind.
	°	°				°				°			
22d.	50	52	3	29 92	N.E.	70	11	29 88	S.	60	6	29 86	S.W.
23d.	55	58	7	29.88	W.	74	12	29 93	S.W.	64	6	29.99	S.W.
24th.	58	60	8	30.03	W.	78	10	30.10	S.	72	6	30.14	S.W.
25th.	68	70	8	30 20	S.W.	76	14	30 22	S.E.	70	6	30.24	N.E.
26th.	57	68	7	30.23	S.E.	70	6	30.20	S.E.	59	4	30.13	N.E.
27th.	60	64	8	30.16	N.E.	78	15	30.17	N.E.	64	5	30.12	Calm.
28th.	61	63	4	30.17	Fog.	74	12	30.16	S.E.	65	6	30.16	S.E.

REMARKS.—22d, Mostly cloudy. 23d, Mostly clear, with fresh wind, 24th, Clear, wind fresh, A.M. 25th, Clear. 26th, Clear, A.M.; cloudy, P.M.; moderate rain from 4 to 7. 27th, Mostly clear, with fresh wind. 28th, Fog, A.M.; clear, P.M.; rain for the week one fifth of an inch.

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